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CONFIRMATION NO. 3140

Bib Data Sheet

SERIAL NUMBER 10/627,086	FILING DATE 07/25/2003 RULE	CLASS 206	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 7678.762
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APPLICANTS

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**** CONTINUING DATA ******* *None 2*

**** FOREIGN APPLICATIONS ******* *None 2*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i>	STATE OR COUNTRY UT	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
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TITLE
 Orthodontic bracket packaging kits and systems

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